

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, JULY 14, 1870.

[VOL. VI.—No. 2.]

Original Communications.

NEURALGIA OF THE OCCIPITO-FRONTALIS MUSCLE; OPERATION FOR ITS RELIEF.

By JOHN P. METTAUER, M.D., LL.D., Prince Edward Court House, Va.

THE subject of this interesting case was a young man about 25 years of age, whose health previous to the attack of neuralgia had been infirm, and for the last ten months immediately preceding his application to the writer for advice he labored under scrofulous enlargement of the parotid glands. When the writer was consulted by the gentleman for his scrofulous affection, the parotids had attained the bulk of a large man's fist, and very nearly filled the spaces between the clavicles and inferior maxillary bone on each side. They were the largest tumors of the kind the writer ever saw, and he has witnessed a vast number of scrofulous enlargements of the parotids in the course of his professional life; and these large growths were entirely dispersed in two months and a half by a sojourn at, and from the daily use of the water of, the Rockbridge Alum Spring of Virginia. So perfect was the cure that not the slightest deforming fulness could be perceived in any part of the regions of the parotids, or of the neck, which had been occupied by the tumors; and the general health seemed entirely restored.

This young man returned to the writer, as well as he now remembers, a year and a half after his recovery from the scrofulous affection, for the purpose of consulting him in relation to a singularly painful affection of the head, from which he had suffered most tormentingly for eight or nine months. The pain commenced several months after his return home from the alum spring, moderate at first, but rapidly increased in severity, until it amounted almost to torture; greatly impairing the general health, depriving him of sleep and appetite, and defying everything in the way of treatment usually employed in painful affections of the head. The sufferings of this young

VOL. VI.—No. 2

man must have been intense, judging from the account he gave of them and from what the writer witnessed himself. There was never complete absence of pain, yet there was constantly, even during the remissions, enough to disquiet greatly and prevent refreshing sleep. But the paroxysms of intense suffering were agonizing in the extreme, and the case seemed as if it must soon end in death if unrelieved.

Regarding the disease as neuralgia, and hoping that, although the greater part of the occipito-frontalis was involved, heroic doses of quinine and narcotics might relieve the young man, it was determined to make trial of them, at least for a short time, and for one week this plan was energetically enforced, but without benefit, the sufferings of the patient being in no degree moderated; if any change had been effected by the quinine and morphine, there seemed to be an augmentation of the pain and giving way of the powers of the system.

Thus circumstanced, the writer determined to subject the case to surgical treatment, and the subcutaneous division of the occipito-frontalis muscle was the operation decided on, which was executed in the following manner. Seated in a moderately high chair, the occipito-frontalis muscle of the patient was divided subcutaneously from temple to temple, and from the root of the nose to within an inch and a half of the foramen magnum of the occipital bone, quite through its origin at the semicircular ridges, with a chain-supported knife. The instrument was entered at the vertex and carried beneath the muscle, edge down, quite to the bottom of the intended section; and by turning the cutting edge up the operation was effected by a sawing motion, withdrawing the knife at the same time, guided by the fingers of the left hand pressing on the scalp, which also prevented cutting through it. In succession the muscle was divided by four incisions executed in this manner, and without removing any portion of the hair, through a single scalp-wound. The operation was truly a bloody one, was brief, comparatively painless, and easy of execution; but the bleeding was speedily and

[WHOLE No. 2215.]

perfectly arrested by the pressure of thick compresses applied firmly over the tracks of the incision, supported by a suitable bandage. In six days these extensive incisions healed perfectly, without the slightest mishap, and with no more than the requisite degree of traumatic inflammation, and the young man was entirely relieved of his painful disease from the moment the operation was performed, and has never experienced a return of it, now more than ten years since.

Some two or three years after the above case was treated, a similar one came into the hands of the writer, which, after the free use of quinine and narcotics without relief, was treated by incision, and with like success.

SULPHATE OF QUININE IN THE TREATMENT OF SPONTANEOUS ERYSIPELAS OF THE FACE.

By Dr. FERROUD, Physician to the Hôtel Dieu de Lyon.
Translated from *Annales de Dermatol. et de Syphilig.*,
Deuxième Année, No. 4, by JAMES C. WHITE, M.D.,
Boston.

It is not the tonic, neurosthenic action of sulphate of quinine, nor its antiperiodic action that we have desired to take advantage of in the following experiments, but certain properties it possesses with regard to the globules of the blood, which have been the subject of interesting investigations. These investigations, as well as the researches lately made in connection with the erysipelatous process, have served us as a guide; and inasmuch as they have determined our therapeutics, it is necessary that we should recall them in a few words.

Two years ago* M. Vulpian, after Koster, Volkmann and Stendener, announced the presence of a great quantity of white blood corpuscles infiltrated throughout the skin of parts affected by erysipelas. This observation was soon confirmed, and it appears to be demonstrated to-day that the infiltration of the skin by a great quantity of leucocytes forms one of the principal elements of the erysipelatous process, and that to this is to be attributed, in great part, the swelling of the affected parts. It appears to be shown also that these leucocytes may be rapidly re-absorbed and disappear, for they are not to be found two or three days after the disappearance of the swelling; moreover, it may be seriously regarded as probable that these elements have not been formed in the parts thus affected,

but that they have penetrated thither by transudation through the walls of the vessels.

This last opinion is not incontestably admitted, we know, for many observers, among them K. Balogh, in Germany,* and Feltz, in France,† deny this transudation, because they have not been fortunate enough to witness it, but their negative observations are too few to weaken positive results, which are already numerous.

Without pretending to give a complete account, it will be remembered that in 1846 M. Waller, of London, announced in the *Philosophical Magazine* that he had seen the white corpuscles of the blood pass through the walls of the vessels where no previous rupture existed. This observation remained unnoticed until within the last few years Conheim, in Berlin, Stricker,‡ Prussach, in Vienna, and others, have investigated the subject, and arrived at the same conclusions. Other observers, too, have confirmed the results obtained by these German microscopists. Among French physicians may be mentioned Flayem and Vulpian,§ and before them Lortet|| and Ranvier,¶ the first of whom demonstrated that the white corpuscles are able to traverse animal membranes (the swimming bladder of fishes), and the second that they were able to gain entrance within the pith of the elder and its cells, and that it is even possible at times to determine their presence within epithelial cells, whither they have penetrated.

It appears to be proved, then, that leucocytes may be extravasated without previous rupture of the capillaries, and it is extremely probable, as we have above stated, that this extravasation constitutes one of the principal elements of the erysipelatous process. On the other hand, M. Lortet has taught us that the amiboid movements of the white corpuscles of the blood are necessary to their penetration through the tissues; that a young and healthy pus easily extravasates; that an old pus, the leucocytes of which are sick or dead, extravasates badly or not at all. If, then, we are able to lessen the vitality of the white corpuscles of the blood and to diminish the movements of their protoplasm by a drug, it is to be presumed that

* Balogh, *Archives de Physiologie*, 1869, p. 152.

† Feltz, *Journal de Robin*, 1870.

‡ *Journal de l'Anatomie et de Physiologie de Robin*, 1867.

§ *Académie de Médecine, Séance du 15 Février*, 1870.

|| Lortet, *Annales de la Société des Sciences Médicales de Lyon*, 1868.

¶ Ranvier, *Comptes Rendus de la Société de Biologie*, 1868.

* *Archives de Physiologie*, 1868.

their extravasation would become impossible, and that the erysipelatous process would find itself by this means blocked, or even completely arrested.

The problem reduces itself, then, to find a substance capable of destroying the amiboid movements of the leucocytes in such doses that it may not be poisonous to the patient.

M. Binz* has devoted himself to this class of researches, and has studied the influence of various solutions, not only upon the vitality of infusoria, but of leucocytes held in suspension in serum, and has thus come to class the salts of quinine among the most poisonous. A solution of hydrochlorate of quinine one part in 800 immediately kills large infusoria, one part in 2000 causes them to perish in a few minutes, and one in 20,000 in a few hours. The effect upon the white corpuscles is the same; if one adds to perfectly pure serum a drop of blood taken from an animal in full digestion, the amiboid movements may be seen to take place without hindrance; but if this experiment is repeated with serum containing $\frac{1}{2000}$ of hydrochlorate of quinine the movements of the white corpuscles are seen to be arrested without the least alteration in the red globules.

These data would naturally lead to the employment of quinine whenever a pathological tendency to the extravasation of leucocytes exists, in a great number of inflammations for example, and especially in erysipelas. But in what dose shall it be administered?

M. Binz, without approaching the question of erysipelas, thinks that in order to arrest the progress of a suppurative peritonitis it would be necessary to give 12 to 15 grammes of hydrochlorate of quinine in twenty-four hours; but it seems to us that, in erysipelas at least, so large a dose is unnecessary. We know that a solution one part in 2000 will at once put a stop to the amiboid movement of the leucocytes, and that one part in 20,000 will arrest it after some hours. We know, too, that the quantity of blood in a person is about one kilogramme to 10 or 13 kilogrammes of the solid parts, and consequently that a person weighing 70 kilogrammes has 7 kilogrammes of blood. A dose of quinine expressed by the fraction $\frac{1}{2000}$ or even $\frac{1}{20000}$ ought, then, to be enough to influence the white corpuscles sufficiently and to render their extravasation difficult or even impossible.

It is upon these data that we have based

our administration of quinine in the dose of 30 to 40 centigrammes daily, a spoonful every half hour, in order to keep the patient under the persistent and prolonged action of the remedy. We have not used the hydrochlorate of quinine, however, for this salt, although the most soluble and most easily absorbed, we have been unable to procure, and have employed the sulphate so much employed in hospitals. Sulphate of quinine not being destroyed in the circulating stream and being found again in the urine, we might expect a direct action on its part upon the leucocytes during its passage through the blood, and consequently a happy influence upon the course of the erysipelas. These expectations have not been disappointed.*

From all these facts it follows that sulphate of quinine, like all treatment, has its indications and counter-indications in erysipelas. We have tried to show some of the circumstances which interfere with its action; but we have also wished to show that it possesses other than its neurosthenic and antiperiodic properties which may be used to advantage. Is it now really its antidiffusant action upon leucocytes which makes it so valuable in erysipelas? We are unable to affirm this at present. We need more observations and to apply a sort of counter-proof with other substances of reputed poisonous action upon the white corpuscles of the blood; but it may be affirmed that this hypothesis is in no way improbable, that pathological anatomy and physiological experiment give it an incontestable support, and that clinical observation is not unfavorable to it.

We believe, therefore, that we are able to conclude, from the preceding facts, that

1st. Sulphate of quinine, administered in moderate and fractional doses, promptly and completely arrests the course of non-traumatic erysipelas of the face, and extinguishes it most frequently on the second or third day of its employment;

2d. The effects of this drug are less evident in erratic cases of the disease and in those which are influenced by other constitutional affections, like rheumatism;

3d. The recent investigations of microscopists upon the diffusion of leucocytes suggest that it is by opposing this diffusion that sulphate of quinine acts upon erysipelas;

4th. It will be interesting to study clinical

* Binz, Sur la Mode d'Action de la Quinine, dans les Archives de Physiologie, 1868.

* Here follow the details of numerous cases of erysipelas treated in this manner, and observations on the effect of quinine upon the pulse in this disease, illustrated by sphygmographic cuts, at too great length for insertion in the Journal.—TRANSLATOR.

cally, as a means of controlling this hypothesis, the action of other substances which experimentation has shown to be unfavorable to the diffusion of the white corpuscles of the blood. We reserve, however, for the present the publication of the researches we have undertaken in reference to this point with perchloride of iron.

RESULTS OF THE INJECTION OF PARASITIC SPORES INTO THE BLOOD OF ANIMALS.

By A. H. NICHOLS, M.D., Boston.

THE interesting discoveries of Hellier, Zürn, Chanveau and Davaine, that there is contained in the blood in several contagious diseases numerous parasitic growths, known as micrococcus, mycothrix, leptothrix, &c., has stimulated further investigations in this comparatively new field, among the more recent of which are those of E. Semmer, Prosecutor at the Veterinary Institute at Dorpat, reported at length in *Virchow's Archiv* for April 16, 1870. His experiments consisted first in the repeated examinations of the blood of animals which had died of contagious diseases, with the view of detecting therein any parasitic growths, and his results may be briefly summed up as follows.

In cases of glanders, micrococcus cells and bacteridæ are found in the blood, lymph and pus of animals which have died of this disease.

In charbon (malignant vesicle) and septicæmia, the blood is found to contain numerous micrococcus cells, and bacteridæ (microthrix and leptothrix), both in the form of simple filaments and also arranged together so as to form a chain, the latter growths having been long known under different names.

That these infusoria, having the form of slender cylindrical filaments, really are parasitic growths, was proved in the case of five pigs, which had died of septicæmia.

In the blood of these animals, the actual growth of the filaments from the micrococcus cells was demonstrated under the microscope. The bacteridæ seen in cases of charbon are for the most part shorter, more slender, and have a less distinct outline, than those found in septicæmia, where they vary in length, and consist of a single well-defined filament, and are at the same time less numerous than in the former disease.

These filaments, however, are not always of the same form, even in charbon, for here also variations are noticed, so that at times

the parasitic growths in this disease resemble both in form and size those found in septicæmia.

These parasites, moreover, are found in other diseases characterized by blood poisoning, and even in the blood of some healthy animals a few micrococcus cells (*penicellium glaucum*) have been found, and in other cases both leptothrix and micrococcus (*bacteridæ*) have been seen in the liver and intestines.

In order next to determine whether the contagious diseases above referred to are really caused by the parasites found in the blood, the author has tried a series of experiments with the following results.

Penicellium spores of the size of a red blood corpuscle were mixed with distilled water, and then injected by means of a small subcutaneous syringe into the jugular veins of two colts. The animals remained perfectly well, however, after the injection.

Several weeks later, micrococcus cells were injected into the same animals, and here again the injections were not followed by any symptoms of disease.

Injections of *anthrococcus* cells were likewise followed by negative results.

A second series of injections was next made with large masses of the spores of *penicellium glaucum*. In these cases slight feverish symptoms were created, which soon disappeared, however, and upon an examination of the animals after they had been killed, all the organs and textures of the body were found to be quite normal.

The author next injected bacteridæ from the blood of an animal affected with charbon, using in this instance a bottle with a glass tube attached, as recommended by Hallier.

The spores of this parasite were put into distilled water, and a few drops of this mixture were then forced into the jugular vein of a colt. At the end of five days the animal remained to all appearance quite well.

Five days after the first injection, two ounces of the same fluid, containing bacteridæ and micrococcus cells, were thrown into the jugular vein of the same animal, by means of a large syringe, armed with a small needle-like canula. This was followed by symptoms of fever, without loss of appetite, and the animal appeared soon to recover. On the tenth day after the inoculation, however, fever again set in, the appetite failed, the animal exhibited an unsteady gait, and died during the night.

The following was the result of the autopsy.

In the neck, around those spots where incisions had been made for the purpose of injections, the connective tissue was thickened and infiltrated with serum, exhibiting here and there ecchymosed patches. The jugular vein was filled with a dark colored blood of the consistence of tar, but otherwise not changed. Lower down on the neck, there was well-marked serous infiltration in parts remote from the point of injection.

On the left shoulder there was extensive extravasation of blood beneath the superficial integument, involving the connective tissue, and extending down beneath the muscles. In the abdominal and thoracic cavities and pericardium slight serous exudation. Numerous ecchymosed patches in the peritoneum, intestines, pleurae, heart and lungs. Spleen enlarged, friable and gorged with blood. Liver of a yellowish-brown color, and the microscope showed beginning fatty degeneration in this organ. Kidneys studded with large, yellow, hardened masses; and congested white fatty degeneration of the epithelial cells of the uriniferous tubules communicated a yellowish-grey color to these entire organs. Lymphatic glands enlarged, softened, and several were of a brownish-red color, caused by extravasation of blood. Brain and spinal cord infiltrated with serum, while the minute bloodvessels were distended with blood. Ventricles filled with a clear, colorless liquid. The blood was everywhere of a dark-brown color, of the consistence of tar, and contained large numbers of parasitic growths characteristic of charbon.

Here, then, charbon was produced in a colt by the injection of parasites taken from the blood of animals affected with that disease. In this instance the symptoms broke out on the ninth day after the injection, death occurring on the tenth day.

Selected Papers.

EXCISION OF THE ENTIRE SCAPULA.

From the history of a case where excision of the entire scapula was performed, with preservation of a useful arm, by M. Schupert, M.D., of New Orleans, with photographs, we make the following extract:—

The patient, a female, *æt.* 36, suffered from a large tumor, comprising the right scapula,

for which she had already undergone three operations. The first time she was operated upon in 1859 by Dr. Beck, a military surgeon in Freiburg; the second and third time in 1866 and 1867 by Drs. Miller and Gauss in Baden-Baden, but by these operations the scapula had remained intact.

The skin covering the tumor was rich in cicatrices, the marks of former operations. These cicatrices presented a bluish color and a smooth surface; were much thinner than the surrounding skin, and, like the rest of the integuments, movable over the tumor. The tumor, from its posterior margin to the acromion process, measured 0.18 metre, the largest extent in a vertical line being 0.21 metre. Active motions of the humerus were nearly arrested; the passive motions very much limited. The extremity could not be further removed from the body than to an angle of 45°. The extensive pain patient suffered in the arm brought her to me in search of relief. Having given her consent to a proposed removal of the entire bone, the operation was accordingly performed on the 30th of March, 1868, in presence of Drs. Barnes, Gray, Geutebruck, Riley, Schwarzwaelder, and some other medical gentlemen. Patient being in a deep chloroform narcosis, a crucial incision was made through the skin—one cut, beginning at the acromion process and carried over the most protuberant part of the tumor, ended near the spinal column; a second incision, over the middle of the tumor, bisected the first. The four skin flaps were dissected off and held back by sharp hooks. The acromion process was divided with a small saw, laying bare at the same time the scapulo-humeral articulation. The head of the humerus was then, by rotating the arm, dislocated inwards, to get at and remove the coracoid process. Lifting up the scapula by its glenoidal cavity, which was found to be involved in the disease, the whole of the scapula was detached from the body by keeping the knife close to the under-surface of the tumor. The removal of the tumor left the ribs visible through the cellular tissue, which was all that remained of the subscapularis muscle, lost in the diseased mass.

The bleeding was inconsiderable, the main vessels having probably become obliterated by the former operations; with the exception of a few muscular branches, no arteries had to be ligated. The skin flaps were adjusted and united by interrupted pin sutures, leaving an opening at the most dependent part to permit the draining of the secretion. Acet. of morphia, 0.03 gramme,

was subcutaneously injected. After patient had perfectly recovered from the anæsthetic condition, she was unconscious that the operation had been performed. The arm was bandaged and kept close to the body, supported by a sling.

Patient suffered much nausea subsequently and vomited during several days from the effects of chloroform. No unfavorable symptoms happened to require medication. A nourishing diet was ordered from the first day and continued during the convalescent state.

The sutures were removed on the third day. Most of the incisions had healed by first intention. Suppuration was considerable, and notwithstanding the well draining of the wound two abscesses formed in the arm, discharging a great quantity of pus. The wound was syringed out daily with glycerine containing ten per cent. carbolic acid. On the 10th of June, the last secreting opening had closed.

At the present date, eighteen months after the operation, there is no indication of reappearance of the disease in any part of the body. The skin, of which no part had been removed, though after the excision of the tumor it formed a large sac, has so contracted that a part of the cicatrix forms now a portion of the covering of the humerus. The patient, who enjoys excellent health, has thrown away the sling long ago; the arm has no artificial support, and is a more useful instrument than before the operation. Though its motions are limited, there is sufficient strength in the extremity to lift a weight of thirty pounds and throw it a fair distance.

The tumor weighed nearly six pounds, and measured respectively 0.35 and 0.40 metre in circumference. From the original scapula but one third of the spina, a small portion of the coracoid process and the centre of the glenoid cavity remained intact; all the rest was involved in the growth. The tumor consisted of hyaline and fibro-cartilage, with deposits of carbonate of lime in the interspaces of the cartilaginous tissue. Towards the centre true ossification had taken place. We have to consider it, therefore, to be an osteochondroma.

Those interested in the history of this operation I refer to a valuable contribution of Dr. Stephen Rogers, of New York, in the *American Journal of the Medical Sciences*, October, 1868.

EXTRA-UTERINE PREGNANCY—SPONTANEOUS DELIVERY BY THE RECTUM—RECOVERY OF THE MOTHER.

Reported by W. F. PRICK, M.D., to the Iowa State Medical Society, Davenport, Iowa.

Mrs. J. N. C., æt. 33, native of New York, nervous sanguine temperament, has had two natural labors at full term. The exact time of conception is not known, but she is certain that it occurred some time in April. The symptoms were entirely unlike those experienced during former pregnancies. She was, after the second month, uncommonly sick at the stomach, and in fact it was with the greatest difficulty that she retained sufficient nourishment to sustain life. When carrying the other children this symptom was not present to any appreciable extent. (From the commencement of conception there was inability to move about.) The abdominal development was different from other pregnancies in that there appeared to be more development upward, but not without more or less proportional development anteriorly and latterly. I saw her often during her gestation, but gave little treatment other than advice. On Saturday, September 4th, her husband informed me that he must be away from home in attendance upon court at Marengo, Iowa county, in consequence of which he desired me to visit her daily and furnish such relief as indications might suggest, thinking that possibly she might not have sufficient strength to carry the child to full term. On Friday, September 9th, I called upon her at two o'clock, P.M., and found her sitting in a rocking chair near the bed which she had left only a few minutes before, in order to obtain rest by changing her position. There was considerable pain over the whole abdomen, which she described as being of a "twisting" character. The entire abdomen was tympanitic, and so much distended as to cause her to appear as though she might be six or seven months advanced in pregnancy. Whenever pressure was made even of the slightest character, the pain produced was almost unbearable. The pain was greatest over the right iliac fossa, although there was general tenderness. The stomach was unusually sensitive to the presence of fluids. I assisted her from the chair in which she was sitting, into the bed, and went down stairs to see Dr. Ely, of Cedar Rapids, who had just arrived to visit the family, he being an old and intimate friend.

After describing to him her condition

during the progress of the gestation, we started to go up stairs and see her, when we were arrested by a relative who informed us that Mrs. C. was having a passage from the bowels. We returned to the parlor, when not five minutes had elapsed before we were suddenly summoned to the room of Mrs. C., where she was found upon a "chamber" in much pain. She informed me that the child had been born by the "back passage." I lifted her from the vessel to the bed, during which the child, or foetus, fell back into the chamber, its weight, together with tension, having broken the cord. About six inches of the umbilical cord still remained outside, which, upon further examination, was found to be protruding from the anus. I examined the vagina and uterus to ascertain if the cord did not enter the vaginal canal or the womb; but, strange to relate, the uterus was not enlarged and the "os" was normal and healthy. The vagina was intact throughout, and there was no blood nor fluid of any description in the vagina or womb.

Appreciating that the case was decidedly anomalous in character, I requested Dr. Ely to verify my examination, which he accordingly did, reporting the same result. I then directed him to retain his hand within the vagina, and permit me to pull on the protruding cord, while he should carefully ascertain if it could be felt through the vaginal and rectal tissues. He did as directed, and could distinctly feel the cord by following it from the commencement of the vagina up to and even above the attachment to the neck of the uterus. I then proceeded to follow up the cord by introducing my finger into the rectum. I traced it up into the rectum for about five inches, and upon withdrawing my finger, it was covered with blood, which fluid in a liquid and clotted form was appreciated in the rectum. Gentle traction was then made upon the cord, hoping thereby to bring away the placenta; but the cord broke internally, beyond the reach of the finger, without any after-birth coming away. No rent of any kind could be ascertained in the rectal tissue.

Dr. Ely made the same examination. I then introduced a duckbill speculum into the anus, when the blood, fluid and clotted, escaped to the amount of about one-half pint. After the blood passed away she experienced very great relief. There was also considerable discharge of gas, which was of a very offensive character. The foetus showed some evidences of putrefac-

tion, it probably having been dead for several days. The intestines and liver of the child had an extra ventral development, which appearance they now present. The foetus, judging from its development and size, is of about four months, and perhaps more. Mrs. C.'s condition after the examination, was that of marked exhaustion. Pulse small, and 100 in frequency to the minute; features cadaveric, and general pallor marked the entire surface. Brandy was given in small quantities, and volatile stimulants were freely exhibited. She gradually recovered from the condition of prostration, and rested much better than she had done for several weeks. The tympanites and tenderness disappeared to a great extent during the night, and in fact she slept without medicine of any kind for at least four hours. To quench the thirst, she took small pieces of ice. The discharges of blood, of which she had several, were voluntary, and came from the rectum.

Sept. 10th, P.M. Pulse 110 and small. Considerable tympanites, with much pain in the region of the right ovary. General febrile movement. More or less sickness at the stomach, with a corresponding inability to retain nourishment or drinks, and several discharges of blood have voluntarily escaped from the rectum. The character of the discharge is not unlike coffee grounds in appearance. Directed a weak solution of carbolic acid to be used as an injection every four hours. Counter-irritation to the epigastrium.

Sept. 11th. General condition better than yesterday. Less sickness at the stomach. Small particles like placental texture escape with the injection.

Sept. 12th. Condition still improving, although there is considerable pain in the right iliac fossa.

Sept. 13th. She slept very well during the night. General condition good. Several pieces of tissue passed from the rectum with the injection. Takes fluid nourishment, all of which she retains, although there exists a little nausea.

Sept. 17th. Her condition is not so favorable. Pulse 100 and weak. Respirations 22 to the minute. Marked tympanites with general tenderness over the entire abdomen, but particularly in the region of the right ovary. Stomach rejects nourishment. Treatment—veratrum viride, six drops every four hours. McMunn's elixir 40 drops every three hours per rectum.

Sept. 18th. Pulse 118 and feeble; respirations 24; extensive tympanites; much

pain upon slightest pressure over entire abdomen; sickness at the stomach; marked febrile movement. Treatment: *verat. viride* 8 drops every four hours per rectum; McMunn's elixir 30 drops every four hours; mustard to the epigastrium, with emollient applications to the abdomen.

Sept. 19th. Pulse 130; respirations 27; tongue furred and dry; other symptoms much the same as yesterday. Treatment continued unchanged.

Sept. 20th. Was called at 10 P.M. last night; Dr. J. Farnsworth, of Clinton, saw her with me. Found her in great pain; markedly tympanitic; pulse very small and could not be counted, the pulsations being so rapid; respirations 34; surface hot. Gave small dose of brandy and carbonate of ammonia. After consultation informed her husband that death seemed inevitable. In about twenty minutes the pulse became slower and stronger; the respirations became less frequent. A large quantity of gas escaped, which seemed to give her much relief. Dr. Farnsworth remained with her during the night. In the morning I found her condition much better. From this time she continued to recover slowly, but did not leave her bed until October 28th; and did not leave the house until December 29th. The last time she was out before her delivery was July 4th. The dejections continued to be tinged with blood until October 1st. No after-birth came away other than the small pieces contained in the dejections. She is now quite well and exhibits her ordinary health and weight, 85 pounds. She has, however, an occasional pain and "weakness" in the region of the right ovary, but in other respects she is perfectly well. I omitted to state in the proper place that Dr. A. S. Maxwell was present soon after delivery and made an examination, when he found, as heretofore stated, the vagina and womb healthy; but upon examining the rectum the bloody discharges were found. The patient was seen during her convalescence by Dr. W. A. Housford, of Davenport, and Dr. McKennon, of Muscatine.

Remarks.—The conception probably occurred in the same manner as in all cases of extra-uterine pregnancy. The placenta I believe to have been attached to the fibriated extremity of the Fallopian tube, and the development was downward by the side of the rectum, the tissues of which were more or less attenuated by continuous pressure, which was occasionally augmented by paroxysms of coughing. A fact which was not mentioned in giving the ear-

ly history of the case, is that when she arose to sit upon the chamber for the purpose of having a passage from the bowels, she had a severe coughing spell, during which the child, or fetus, was spontaneously born *per anum*, having lacerated the rectal walls to allow of its escape thus abnormally into the outer world.

I have produced the foregoing case in detail, in view of the fact that the records of obstetrics contain no precedent.—*Med. and Surg. Reporter.*

Reports of Medical Societies.

MAINE MEDICAL ASSOCIATION.

The Medical Association of Maine held its annual Convention at Bangor, commencing June 28th, and continuing three days. The venerable Dr. McRuer, of Bangor, occupied the chair. The convention was opened by prayer by Rev. Dr. Pond, of Bangor Theological Seminary.

The exercises of the first day were brief. Dr. Hart was introduced as a delegate from the New York Medical Association. The Secretary read a biographical sketch of Dr. Simonton, lately deceased. Dr. Weeks, of Portland, read a paper on the Therapeutical Action of the Hypophosphites. Dr. Cummings, of Portland, delegate to the National Convention for the Revision of the Pharmacopœia, read a report. The officers for the ensuing year were then elected, as reported in the JOURNAL for June 30.

2d DAY.—The convention met at 8½ A.M. The Report on Epidemics was read by Dr. Forster, of Portland, for Cumberland Co., Dr. Brown for Oxford Co., Dr. Buxton for Knox Co. Dr. Snow, of Winthrop, read a paper on Puerperal Convulsions, which was referred to the Committee on Publication. The treatment advocated was that of bloodletting. The subject was discussed by the members of the Association. Dr. Gilman, of Portland, read a report on the Maine General Hospital. Dr. Sanger, of Bangor, communicated a paper on Eczema.

At 3 o'clock, P.M., the report of Prof. W. W. Greene, of Portland, on Ovariectomy, was read, followed by remarks on the subject by Drs. Gordon of Portland, Brickett of Augusta, and McRuer of Bangor. Dr. Hucksins, of Corinth, read a report on Inversion of the Uterus. Various cases were presented by Drs. McRuer, Gordon, Laughton, Severy and Jones.

EVENING.—Prof. Goodale, of Brunswick, delivered the oration.

3d DAY.—The Constitution was amended so that physicians above a certain age should be retired at their request. The thanks of the Association were tendered to the authorities of Bangor and to Dr. McRuer for hospitalities received, and the Association then adjourned to meet at Portland on the second Tuesday in June, 1871.

Bibliographical Notices.

A Practical Treatise on the Diseases of Children. By J. FORSYTH MEIGS, M.D., and WILLIAM PEPPER, M.D. Fourth Edition (of Meigs on Diseases of Children), revised and greatly enlarged. Philadelphia: Lindsay & Blakiston. 1870. Pp. 921.

On the Wasting Diseases of Infants and Children. By EUSTACE SMITH, M.D. Lond. Philadelphia: Henry C. Lea. 1870. Pp. 195.

The little ones have been attracting much attention lately. Within the last two years many works have been published which treat of the diseases of infancy and childhood. Hillier, J. Lewis Smith, Vogel, have been given to the English-reading medical practitioners, and Holmes has described the surgery of childhood. Now is offered a new edition of an old treatise taking a general view of childhood's diseases, and a new work embracing only a part of the subject.

Many are already familiar with Dr. Meigs's treatise; the present issue is an enlarged edition, in the preparation of which Dr. William Pepper has been associated. Many of the articles have been more fully considered, others have been rewritten, and seventeen articles have been added, the latter treating of "diseases of the heart, and cyanosis; diseases of the cœcum and appendix vermiformis, and intussusception; chronic hydrocephalus, tetanus, atrophic infantile paralysis, facial paralysis, and progressive paralysis with apparent hypertrophy of the muscles; rheumatism, diphtheria, mumps, rickets, tuberculosis and infantile syphilis, typhoid fever and sclerema." To accommodate the new material, more than two hundred pages have been added to the work.

There are several tables showing the relative mortality in the city of New York of allied diseases, as croup and diphtheria;

Vol. VI.—No. 2a

scarlatina and measles; pneumonia and bronchitis; cholera infantum, diarrhoea and dysentery. The influence of temperature and season on the prevalence of different diseases is clearly shown by these tables.

All surgical diseases are omitted; congenital malformations are at most only casually noticed, except those conditions leading to cyanosis. Diseases of the secretory and excretory organs are not considered separately. Bright's disease does not find a place. Skin diseases are very fully noticed.

Only two quotations will be made, from the article on Indigestion:—

"*Habitual Indigestion* in infants causes a train of symptoms which are different from, and much more severe than those just described. Of these the most important are: frequent attacks of nausea and vomiting, and of simple diarrhoea repeated for days, weeks or months in succession; paleness, or some other unhealthy tint of the cutaneous surface; continual restlessness and discomfort, with fretting or crying, particularly in the after part of the day and during the evening and night, in place of the natural ease and quiet of a healthy infant; constant fits of the most violent screaming from colic, sometimes lasting for hours; dull and languid expression of the countenance, or else an uneasy, contracted look, like that produced by continued suffering; more or less emaciation; failure of the natural growth in stature and size, so that the child is small and puny for its age; want of calorific power, causing the child to suffer unusually from cold, as shown by frequent coolness of the hands and feet; irregular appetite, which makes it necessary to tempt by frequent changes of the food, or more or less complete anorexia; and, lastly, the various symptoms that indicate an impoverished state of the blood and bad nutrition."

In reference to the treatment of this condition he says, among other things:—

"If the patient is fed wholly or in part, it is essential to regulate the diet to suit the state of the digestive function. Milk ought in all cases to form the basis of the food, unless it has been found by patient trial to be absolutely repugnant to the stomach. We have often found that infants who had been thought quite incapable of digesting cow's milk, could do so very readily when it was very much weakened with water. * * * If we conclude that milk cannot be digested by the child, it is best to try cream. Of this, one part to three or four of water, may be given.

When neither of these can be taken, some of the farinaceous substances may be tried—arrowroot, sago, barley, tapioca, oatmeal or rice. We are clearly of the opinion, however, that these articles, prepared with water alone, never agree with children when they are continued for any considerable length of time."

The work is rather voluminous and contains much which is of a scientific interest, but with this also still more which is of practical value; and its directions in regard to hygienic precautions and to the necessity of paying attention during treatment to little things in diet and regimen are valuable and wise. A copious index is furnished, which will prove of great advantage in the daily use of the work.

Dr. Smith's treatise is a reprint of the London edition, and considers a few diseases, which are usually attended with more or less wasting, more fully than they are treated in works devoted to a general survey of the diseases of childhood. There is first an introductory, giving general directions in regard to the diet and describing general symptoms. Then follow nine chapters, devoted respectively to Simple Atrophy from Insufficient Nourishment; Chronic Diarrhoea; Chronic Vomiting; Rickets; Congenital Syphilis; Worms; Chronic Tuberculosis; Chronic Pulmonary Phthisis; Tubercularization of Glands.

The first chapter gives a good account of the causes which produce wasting, and reference is made to several popular delusions which it is almost impossible to eradicate from the minds of certain nurses. "The very fact that the secretion of saliva in the young child does not become established until the third month after birth, seems to indicate that before that age farinaceous articles of diet are unsuited to the infant." Very full directions are given for the regulation of the first efforts of the mother to suckle her child. The importance of suckling the infant during the first few weeks of its life is strongly insisted on. "The new-born infant should be put to the breast a few hours after birth; or as soon as the mother has recovered from the first fatigues of labor." The advantages of this course are enumerated. "The child should take the breast at regular intervals every two hours during the day for the first six weeks, and he should suck from each breast alternately." "He should be fed for the last time at 11, P.M., and be then put to rest in a cot in the nurse's room until 5 o'clock on the following morning." Many of these directions are left for the nurse to give,

and so young mothers fall into ways which might be avoided if the physician would leave careful directions.

The short chapter on chronic vomiting is useful. The cause is considered to be premature weaning and feeding with improper food.

The importance of recognizing the earliest signs of rickets is strongly insisted on. "Plumpness is no proof of the absence of rickets, for a child may be extremely fat and yet be rickety." "It is only when the disorder is at its very commencement, or appears first about the end of the second year, that it is so liable to be overlooked."

The early symptoms referable to rickets are profuse sweating of the head, kicking off the clothes at night, and, later, tenderness.

He does not consider rickets a diathetic disease, but rather that it is induced by certain causes whose action is known, and it is not hereditary; in this latter respect differing from many authors. In the treatment, diet and hygienic measures are especially recommended.

In several places in the work, the innunction of cod-liver oil is recommended. This treatment is one which deserves notice in many diseases of the digestive and assimilative organs.

The other chapters also merit notice, but the manner in which the various subjects are treated has been shown by the above quotations, and this notice has been sufficiently extended. The index is unusually complete. w.

Anatomy, Descriptive and Surgical. By HENRY GRAY, F.R.S., &c. &c. A new American, from the Fifth and Enlarged English Edition. Philadelphia: Henry C. Lea. 1870.

We find once more upon our table an edition of this well-known and valuable text-book. In this edition the plan of the work has been so far altered that the portion on General Anatomy, which was previously scattered throughout the book, has been collected into an introductory chapter, and re-written, so as to furnish the student a succinct introduction to the study of Microscopic Anatomy; and to this has been added a short description of the chief processes of the development of the ovum, and of the structures characteristic of the fetal state. The sections on Regional and Surgical Anatomy and the excellent plates of this work are well known, and make it one of the most valuable books of reference.

Renal Diseases: A Clinical Guide to their Diagnosis and Treatment. By W. R. BASHAM, M.D. Philadelphia: Henry C. Lea. 1870.

THE author of this little work divides it into three sections. The first treats of diseases marked by symptoms more or less of an inflammatory character, excited by various causes and indicated by bloody, albuminous or purulent urine; the second includes diseases chiefly characterized by evidence of degeneration or decadence of the tubular, cellular and vascular elements of the kidneys; and the third is devoted to the urine in health and disease. The book is well and carefully written.

Medical and Surgical Journal.

BOSTON: THURSDAY, JULY 14, 1870.

In our Editorial of last week, certain expressions were used, showing that it was the intention of the present incumbent of the chair to pursue such a course as, in our opinion, would best meet the views, as it would best subserve the interests of every member of the profession. We took occasion to speak of our freedom from alliance with any individual or party interest, holding it to be the Editor's duty, in a *technical Journal*, to keep aloof from partizan politics, should such arise, and only to become the chronicler of, not the participant in professional differences. Feeling ourselves to be in cordial personal relationship with all our brethren, we trust sedulously to maintain this position during our period of office.

The JOURNAL started, with the last number, not with a policy differing from that of former years, as the Editor understands it, but only so far differing from it as the personal thoughts and feelings of one person must naturally be at variance with those of another. Nor should a technical Journal, the exponent of an exact science (as ours is), be considered the mouth-piece of one man or of a few men; as long as it is open to the contributions of the entire profession, it cannot be looked at other than as *the profession itself* and simply as its mouth-piece. It possesses an actual

entity, not as it represents an individual, a clique, a party, but only as it is the entire body, and, in this way, any means taken to advance or retard its interests, is so much influence exerted for or against what we should all esteem sacred, the honor of our calling. We therefore feel convinced that, in some such manner as is expressed in our Editorial of last week, the duty of every fair-minded professional brother is, clearly, to strengthen the hand of the Editor.

We have commenced the present volume with an entirely fair sheet, in friendly relations, so far as the present regime is concerned, with the profession singly or in any corporate capacity whatever, not responsible for the past and only for such portion of the future as our own Editorship may cover, and, as we expressed ourselves in the last issue, determined to conduct the JOURNAL in such a manner as a dignified estimate of the office shall suggest.

THE BOSTON CITY HOSPITAL.

WE find on our table the Sixth Report of the Trustees of the City Hospital, it being for the sixteen months ending April 30, 1870. During the year there have been treated in the Hospital 3,235 patients, with a daily average number of 178½. In addition to this number, 11,721 out-patients have received the benefits of the institution. During the year 1868, the average number of patients for several weeks reached as high as 230, the utmost capacity of the Hospital; during the term ended by the present report, however, the largest number of patients at any one time was 214, and this number would have been considerably increased had the patients been, at all times, proper subjects for the Hospital. With these facts in view, and with the present prospective growth of the city, it becomes a grave question for the City Government to settle whether increased accommodations are not, even now, required. The greatest want of the Hospital at present is a more suitable operating room and a new dead-house. We are glad to note that, in answer to urgent calls of the staff, hospital tents were provided for some of the surgical cases during a few weeks in the summer. The facts obtained in the

armies of Europe and in our own late war demonstrate the great wisdom of our surgeons in making such demands.

The department for out-patients has extended its benefits to an increased number of patients; a special department for the treatment of diseases of the ear has been established, under the charge of Dr. J. Orne Green. As a new department, it is interesting to note that 436 cases of diseases of the ear were treated, exhibiting the most varied forms of aural trouble and affording a rich field for study and teaching. During the year the institution has suffered the loss by death of Dr. S. D. Townsend, of the Board of Consultation, and Dr. Francis C. Ropes, one of the Visiting Surgeons. Their places have been filled by the election of Dr. C. E. Buckingham in place of Dr. Townsend, and Dr. W. C. B. Fifield in place of Dr. Ropes. Dr. George Derby has also resigned his position of Visiting Surgeon, and Dr. William Ingalls has been appointed in his place.

Detailed reports of the various departments of the Hospital are made by the members of the Medical Staff, with the usual carefully arranged and valuable tables. In noticing the reports of the out-patient department, which strangely enough are placed first, we cannot help expressing the fear that here, as in all our other institutions, the ease with which medical advice is obtained is the cause for its great abuse—that assistance is rendered to undeserving persons, and our younger physicians deprived of the fees, however small, which they might obtain. Those who are engaged in public charities are constantly liable to imposition by these systematic medicine takers, and it is no unusual circumstance to find patients taking three different medicines from as many different physicians at the same time. The question here, as in all other similar institutions, is how to regulate the method of application for treatment so as to make the institution a blessing instead of an injury to the community.

The admirable classification of medical and surgical diseases treated within the Hospital is the same as has been employed for several years, but is no less worthy of note.

We cannot fail to notice various typographical errors in the names of the diseases, which, however, we very well know are not due to any want of care on the part of the medical gentlemen of the Hospital. *Tatuts mesenterica*, *faussilitis* and similar words are suggestive of certain diseases, but hardly have a place in any legitimate medical nomenclature.

ETHER AND CHLOROFORM.

L'Ether doit être préféré au Chloroforme.
—M. Petrequin, ex-surgeon-in-chief of the Hôtel Dieu in Lyons, in a new work just issued in Paris, devotes two memoirs to the subject of ether and chloroform, especially in reference to their comparative safety. The first memoir is a page from the history of surgery up to the present day; containing, in brief, the birth of anæsthesia, the employment of chloroform, the resistance to ether at Lyons—at the head of which was the author himself—the causes which have prevented the more common use of ether, such as the imperfection of instruments, the impurity of the ether and the inexperience of the operators, a description of the method employed by the author with refined ether, a parallel drawn between pure ether and chloroform as anæsthetic agents, and, finally, the decisions unanimously agreed upon by the Society of Medicine of Lyons, after several meetings devoted to a discussion of the subject. The resolutions adopted by the Society are as follows:—

"1. Ether employed to produce anæsthesia in surgical operations is less dangerous than chloroform. 2. Anæsthesia is obtained as constantly and as completely by ether as by chloroform. 3. Although ether has inconveniences which chloroform does not present in the same degree, these are of little importance, and do not compensate for the danger incurred in using the latter article. 4. Consequently, ether should be used in preference to chloroform." M. Petrequin commences his second memoir by meeting certain opinions of M. Sedillot, who has said, "Pure chloroform, properly administered, never kills the patient." To which M. Petrequin replies, "There is no certain means known to avoid death by chloroform;

if chloroform kills the patient, it is not because it is impure or wrongly administered, but because it is, in its very nature, a poison; death can occur instantly on the inspiration of but a few drops of this anæsthetic; neither age, sex or a good constitution give security from the danger."*

We cannot fail to trace the marked parallelism between the views of M. Petrequin and those of Dr. Henry J. Bigelow in his lecture before the medical class, which was communicated to the JOURNAL.† We refer also to the conclusions arrived at by the same Society (of Lyons) in 1868, and reported in our columns.‡ In fact, these opinions have been strenuously urged by Dr. Bigelow and others in this community for the last twenty years. The specific cause of danger and liability to death by "shock" from chloroform were distinctly pointed out by Dr. B. in 1848.§

EXPERIMENTS ON THE ABSORBENT POWER OF THE BLADDER.—Physicians and physiologists are by no means agreed on the power of absorption possessed by the mucous membrane of the urinary bladder. While some assert that the excrementitious substances of the urine would constantly be carried back to the circulation if this absorption took place, others deny this fact. M. Beclard§ asserts that the fluids contained in the excretory reservoirs (the urinary and biliary bladders) are in the process of absorption. We should remember that the epithelial lining membrane of these viscera consists of stratified layers of pavement epithelium, which is less easily traversed by fluids than the simple membrane of the serous cavities. Nevertheless a slight absorption takes place in these organs. The morning urine, which has remained a part of the night in the bladder, is of a darker color than the urine of the day, and also than that which has been passed after taking fluids.

Recent experiments of Bert and Jolyet confirm those of M. Ségalas, and demonstrate the fact that the bladder in health rapidly absorbs certain substances introduced into it. A solution of strychnia, one part in one hundred, was carefully in-

jected into the bladders of several rabbits, causing their death at the end of four minutes, although a few milligrammes only of the salt had been introduced, and a part of this had been removed by injections of water on the first appearance of symptoms of poisoning. Autopsy showed that the mucous membrane of the viscus remained healthy. Injections of a solution of atropia did not kill the animal or sensibly diminish the pupil.

The possibility of causing certain substances to be absorbed by the healthy bladder offers a therapeutic resource of considerable importance; in cholera, for instance, where medicines cannot be absorbed by the stomach and intestines, advantage can be taken of the circumstance that the bladder is habitually empty, for the injection of certain solutions which experience has shown to be absorbed. During an epidemic of cholera, M. Brown Séquard injected into the bladder of several patients laudanum and alkaline carbonates, and he was convinced that these substances were absorbed in considerable amounts. Experiments of a similar character have been tried in Germany and Italy. — *L'Union Méd.*, April 30, 1870.

REPORTS OF COMMITTEES—HOW TO BE DISPOSED OF.—When a committee is ready to report, the first question is whether the assembly will receive the report.

If the assembly, either by formal vote, or by tacit consent, allows a report to be read, the report by such permission is received, and goes to the clerk for his files, that is to say, in parliamentary language, lies on the table.

The committee, as soon as their report is read, is dissolved; and cannot again act without new power from the assembly.

The report having been received, as above indicated, lies on the table, and the matter may end at this point without further action being taken, or a word said.

But if the assembly wishes to discuss, or take action on, any part or the whole of a report, it can do so as soon as the report is read, or at any subsequent time, upon motion properly seconded.

Whenever a report, or any part of it, is thus taken up, it may be treated and disposed of precisely as any other proposition—it may be allowed to stand as it came from the committee, or it may be amended in its statement, reasoning, opinion, or in its resolutions or other propositions, if it

* *L'Union Médicale*.

† *Journal*, February 13, 1868.

‡ *Journal*, February 8, 1868.

§ *Trans. Am. Med. Assoc.*, vol. i., 1848, p. 213.

§ *Dictionnaire Encyclopédique des Sciences Médicales*.

contain such—any portion being taken separately, several portions together, or the whole at once.

In whatever way the report be treated, the final question on any portion, or on the whole, as the case may be, is on acceptance, and "*when accepted it is adopted*" (Cushing, p. 151, §295) by the assembly, and becomes the statement, reasoning, opinion, resolution, or other act, as the case may be, of the assembly, the same as it would have been had it originated in the assembly itself without the intervention of a committee.

Though the question may be very properly put on acceptance of a statement of facts, reasoning, or opinion; on agreeing to resolutions or other similar propositions; on adopting the order, or on passing or coming to the vote recommended, &c.; all these phrases are only equivalent to *acceptance*, which comprehends them all.

The points, then, always to be kept in mind are, that a report is received by being allowed to be read; and that the whole, or any part of it, *when accepted is adopted*.

If the above exposition, strictly in accordance with Cushing and proper parliamentary usage, were constantly borne in mind by presiding officers, the deliberations of our societies would be greatly facilitated, and much confusion avoided.

c.

DEATH OF DR. CHARLES A. POPE, OF ST. LOUIS.—We regret to announce the sudden death, on the 5th instant, in Paris, of Dr. Pope, of St. Louis. We copy from the *St. Louis Republican* the following facts regarding him:

"In this instance, death has indeed chosen a shining mark; for Dr. Pope not only ranked among the leaders of his profession in America, but as a refined and cultivated gentleman, an energetic and public spirited citizen, a faithful and unselfish friend, a man whose character in all the varied relations of life was spotless and irreproachable, his loss is a calamity of no ordinary magnitude. A residence of nearly thirty years has given him a strong hold upon the affections of the people of St. Louis, and it is not too much to say that his death leaves a vacancy in social as well as medical circles not easily filled. Nor is Dr. Pope's reputation confined alone to our city and State. Far and wide through the valley of the Mississippi are scattered those who have experienced the

benefits of his skill, who will mourn his untimely departure, and love and revere his memory as one who has contributed largely to lessen the sufferings of the human race.

"Dr. Charles A. Pope was born at Huntsville, Ala., March 15, 1818. His father, Benj. S. Pope, was a planter in easy circumstances, and gave him the advantages of a thorough education. He was sent at an early age to Green Academy, at Huntsville, and from thence was transferred to the university of Alabama, where he graduated. After passing through the necessary preliminary studies in his native town, he entered the Cincinnati Medical College, where he attended a course of lectures, and afterwards passed through the regular course and graduated with high honors at the University of Pennsylvania. Immediately thereafter he visited Europe, and spent two years in travelling through France and Germany, and availing himself of those superior advantages in surgery which Paris alone can afford. Returning from abroad, he settled permanently in St. Louis, in 1841, where his attainments speedily gave him an extensive practice. Soon after his arrival he was elected professor of anatomy in the St. Louis University, and a few years later was chosen professor of surgery. His efforts in organizing the St. Louis Medical College, and the eminent success which has crowned those efforts, are too well known to need comment. He took a special interest in our common school system, and did much to secure its high state of efficiency, serving for some time as chairman of the committee on high and normal schools, also as trustee of Washington University, and one of the Board of Managers of O'Fallon Polytechnic Institute. For several years past, however, he had retired from the active practice of his profession, and resided a greater portion of the time in Paris. He paid a brief visit to St. Louis only a month or two since."

Dr. Pope leaves a widow and several children. A meeting of the physicians of St. Louis was held in that city on the 6th inst., to pay a tribute of respect to his memory.

CEREBRO-SPINAL MENINGITIS.—On the 12th of February last, epidemic meningitis broke out in this locality, ten deaths in all occurring, eight of them during the first eight days. It has been confined to a locality of four miles square. I will give, briefly, the

symptoms and treatment we have adopted.

The first symptom was a chill, which lasted from one hour to six hours before reaction took place. Some few, in fact all of the fatal cases, never seemed to have a reaction at all, dying in from eleven to thirty-six hours; in fact, were dead before fever formed at all; the pulsation at the wrist being gone while the external arteries of the neck and face could be seen beating with a fretful or fluttering motion. If reaction came on, there were more or less acceleration of pulse, heat of skin, intense headache either in front or back part of the neck, in some cases extending down the spine; partial paralysis in some cases; in fatal cases, coma more or less profound came on in from two to six hours, and lasted till death. The tongue generally was covered with a thick, creamy coating, with more or less enlarged red papillæ, protruding through the coating.

About one-half of the cases were profusely covered with petechiæ, and dark purple spots, like ecchymoses, from the size of a pin-head to two inches in diameter. In those cases that recovered, these spots sloughed, and came out by a well-marked line of demarcation.

The bowels and urine were apparently normal. Some cases were attacked as an ordinary case of inflammatory rheumatism, except the heat and swelling of the joints. The attack in all, as far as my knowledge goes, was sudden, and all of the fatal cases but two, were attacked between midnight and 5 A.M. The pupils of the eye in all were largely dilated. The fatal cases occurred in those from five to twenty years of age; males and females about equal in number. Convalescence in the recoveries was slow; relapses none.

The treatment consisted in bromine, in large doses in some cases, grs. v., every three hours, with capsicum; tinct. chloridi ferri, in large doses, with stimulants; sinapisms to the spine, chest, and extremities.

The quinine was generally given at first in hot brandy sling. In some cases with a strong tendency to putrid symptoms, chlorine mixture was given quite freely. Such is a brief outline of the history, symptoms, and treatment of the disease as it appeared here.—O. LOGAN, M.D. *Albion, Erie Co., Pa., in Med. and Surg. Rep.*

[The above description corresponds closely to the cerebro-spinal meningitis which was so terribly fatal among the drafted men in Illinois, in January, February and March, 1865. In February, 128

deaths occurred in Camp Butler alone. The nocturnal onset, and the excruciating pain in the back of the neck, we well remember as prominent symptoms. The most varied and heroic treatment was utterly unavailing.—*Eds. Med. and Surg. Rep.*]

A CASE OF DISLOCATION OF THE HUMERUS FROM SNEEZING.—*Reported by P. H. Garrison, M.D., Macomb, Ill.* I was called early one morning to see John H., a carpenter by trade, aged forty-two, who, while combing his hair, preparing for breakfast, suddenly sneezed and dislocated the head of the humerus into the axilla. By grasping the arm close up to the axilla with my left hand, and with my right manipulating the elbow, I succeeded, with but little difficulty, in reducing the dislocation. The after treatment consisted simply in supporting the arm in a sling for a few days.

Now, the rationale of the dislocation I am not certain that I know, but the reader may judge for himself. He says he was combing his hair with his right hand, and was holding his left arm nearly on a line with the coracoid process of the scapula. In the act of sneezing we naturally throw the head forward, and the arm at the same time being held in the position he had his, the muscles being relaxed, save sufficient to retain the position, through the involuntary sudden contraction of the deltoid, brachialis anticus and biceps muscles, the elbow will raise and the head of the humerus be correspondingly or proportionately depressed. This we think must have been the cause of the dislocation. Never having heard of a dislocation being produced under such circumstances, I have thought a note of it might not be uninteresting to some of the profession.—*Medical Archives.*

DR. NEFTTEL, of New York, treats malignant tumors, organic strictures of the urethra, and indurations generally by electrolysis, according to the suggestions of Cassel, Meyer, and others. He says that this plan of treatment is never followed by inflammation, suppuration or other disturbances, and that the patient can continue his usual occupation and mode of life.—*Richmond and Louisville Medical Journal.*

PROFESSOR LANGENBECK and Professor Bardieben, of Berlin, speak most highly of Professor Lister's antiseptic dressing of wounds.

Medical Miscellany.

WE are pleased to note that the translation by Dr. Tuck of an article on Poisoning from external Application of Mercurial Ointment, and which appeared in our issue of March 24th, was considered worthy of republication by our contemporary in Oregon; but we look in vain for a proper recognition of the source from which it was obtained by that journal.

Prof. Syme, of Edinburgh, died in that city, on the 27th ult., of paralysis.

INJECTIONS OF LIQUEUR DE VILLATE IN CARIOUS BONE.—M. Nélaton employs the following modification of the *liqueur de Villate* as an injection to be thrown into the fistulous tracts connected with carious bone. Acetic acid 100, sulphate of copper and sulphate of zinc of each 10, and acetate of lead 5 parts. There is a considerable precipitate, so that the solution requires shaking before employing it.—*Union Méd.*, May 31.

DR. LOUGHEED, of the 21st Fusiliers, has received a gold medal from the Chinese Government, through Colonel Gordon, C.B., R.E. It is mentioned that he had medical charge of a Chinese army, 40,000 strong, and ranked second in command of the Franco-Chinese Contingent. He was present, it is added, at no less than fifty engagements, and at the capture of twelve walled cities.—*Med. Times and Gazette*.

NEW POISON BOTTLE.—Messrs. Lynch & Co., 171A Aldersgate street, have brought out a new poison bottle, which seems to us to be quite satisfactory. In appearance it does not differ from ordinary bottles, except that it is studded with perpendicular rows of knobs, so closely set that it would be impossible to seize the bottle in the dark without at once becoming aware of the fact.—*Ibid.*

DISEASE OF THE STOMACH.—Dr. Wilks says that in cases of persistent vomiting, accompanied by hematemesis, it is necessary to ascertain whether the food comes up immediately or after it has passed into and remained some time in the stomach. In the former case, there may be some contraction of the œsophagus; in the latter there is a probability of the stomach being diseased either with cancer or ulcerated. In cases of gastric ulcer hematemesis may be slight or severe; when arising from disease of the liver it is always excessive. He looks with disfavor on the plan of passing bougies for the treatment of œsophageal diseases from morbid deposit, since the contraction of the tube from this cause is not at all analogous to that of stricture of the urethra.—*The Medical Press and Circular*.

QUADRUPLETS.—Dr. R. H. Tarlton, of Martinsville, Ind., communicates a case of quadruplets occurring in his practice. Pregnancy had continued seven months, when labor set in and was rapidly accomplished; three vertex presentations and one footling; three females and one male; all delivered alive, but they soon died. There were two placentas. The mother made a good recovery.—*The Am. Practitioner*.

METRIC WEIGHTS AND MEASURES.—We learn through the *Chemist and Druggist*, that at a meeting of the "International Decimal Association," held at the rooms of the Society of Arts, Sir Charles Adderly, M.P., moved the following resolution: "That the great inconvenience to agriculture, manufactures and commerce, as well as to science, resulting from the numerous complicated and anomalous weights and measures now in use, whether by law or custom, in the British empire, demands the attention of the Legislature at the earliest practical time, with a view to the establishment of some convenient uniform decimal system throughout the United Kingdom." Which resolution was carried, but two speakers being in the negative. One of these, however, was Prof. Airy, the Astronomer-Royal, who spoke in favor of the English weights and measures as more useful in practice from their ready subdivision by halving and quartering. They also recommended the substitution of metrical for Troy weights, it having been recommended to abolish the latter by the Standard Commissioners, and thus make an entering wedge to their general introduction.—*American Journal of Pharmacy*.

TO CORRESPONDENTS.—Communications accepted.—Case of Monstrosity with Transposition of Thoracic and Abdominal Organs.—Case of Poisoning by Worm Lozenges.

Deaths in seventeen Cities and Towns of Massachusetts for the week ending July 9, 1870.

Cities and towns.	Number of deaths in each place.	Prevalent Diseases— Coe. Cholera Infantum.
Boston	101	10 6
Charlestown	6	1 0
Worcester	20	1 2
Lowell	21	3 5
Milford	1	1 0
Chelsea	4	2 0
Cambridge	21	3 0
Salem	4	1 0
Lawrence	4	1 1
Springfield	11	1 6
Lynn	10	3 5
Gloucester	9	1 0
Fitchburg	2	0 0
Taunton	2	0 0
Newburyport	1	0 0
Fall River	7	1 1
Haverhill	1	0 1
	229	29 27

Worcester reports two deaths from smallpox. From all the above named places there are reported thirteen deaths from dysentery and diarrhoea, five from scarlet fever, five from measles, five from typhoid fever, six from pneumonia, and four from cholera morbus.

GEORGE DUNN, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending July 9th, 1870.
Males 47—Females 54.—Accident, 4—apoplexy, 1—disease of the brain, 3—inflammation of the brain, 3—bronchitis, 2—burns, 1—cancer, 1—cholera infantum, 6—consumption, 11—convulsions, 4—debility, 5—diarrhoea, 10—diphtheria, 1—dropsy, 1—do. of brain, 4—dysentery, 1—scarlet fever, 4—typhoid fever, 2—gastritis, 1—hemorrhage, 1—disease of the heart, 1—intemperance, 3—disease of the kidneys, 2—disease of the liver, 1—congestion of the lungs, 2—inflammation of the lungs, 2—measles, 2—old age, 2—paralysis, 3—peritonitis, 2—pleurisy, 1—premature birth, 3—prostatitis, 1—puerperal disease, 1—purpura, 1—scrofula, 1—strangulation, 1—suicide, 2—syphilis, 1—inflammation of the throat, 1—unknown, 2.
Under 5 years of age, 60—between 5 and 20 years, 6—between 20 and 40 years, 18—between 40 and 60 years, 10—above 60 years, 14. Born in the United States, 74—Ireland, 18—other places, 9.